



**UTE MOUNTAIN UTE TRIBE**  
**DEPARTMENT OF HIGHER EDUCATION**  
 OFFICE OF SCHOLARSHIPS & FINANCIAL ASSISTANCE  
 P.O. Box 29, TOWAOC, CO, 81334  
 970-564-5471 Main  
 970-564-5759 FAX

## FINANCIAL NEEDS ANALYSIS

**PLEASE PRINT LEGIBLY AND COMPLETE ALL APPROPRIATE ITEMS**

<b>Section 1: to be completed by student</b>		
Student's Full Legal Name	Date of Birth: _____ Place of Birth: _____	Social Security #: _____ Student ID: _____
Permanent address—street, city, state, zip	Home phone: _____ Cell phone: _____	Tribal Census Number: _____ Agency enrollment: _____
Email address	Student's # of Dependents	Have you completed a FAFSA (Free Application for Federal Student Aid)? Yes ____ No ____
<p><b>Certification:</b>            I agree to attend the institution/school named on this application and work towards the degree/certificate I have chosen. I understand that I am required to enroll in 12 credit hours or more if I am a full-time student, and 11 hours or less if a part-time student. Should I withdraw from school before the semester/term is over for any reason, I must notify the Ute Mountain Ute Tribe Higher Education Department in writing and refund any unused money that has been advanced. I certify that all the information I submit herein is true, complete, and to the best of my knowledge.</p> <p>General Consent: I hereby grant permission to the institution/school financial aid office to release any information related to my financial aid status and my academic status to the Ute Mountain Ute Tribe Higher Education Department, including its Offices of Scholarship and Vocational Education. _____ (initial)</p> <p>Student Signature: _____ Date: _____</p>		
<b>Section 2: to be completed by institution's Financial Aid Office</b>		Predistribution amount: \$ _____
Time span of aid FALL ____ SPRING ____ SUMMER ____	Current School Year _____ CIRCLE term type SEMESTER    QUARTER    OTHER ____	Is student enrolled at Full Time status? Yes ____ No ____
School Federal Tax ID#	PHYSICAL MAILING ADDRESS OF SCHOOL FOR FED-EX DELIVERY	
<b>EXPENSES</b>	<b>RESOURCES</b>	<b>FINANCIAL NEED</b>
TUITION & FEES:	PELL GRANT:	TOTAL EXPENSES:
BOOKS & SUPPLIES:	VETERAN'S BENEFIT:	
ROOM & BOARD:	TUITION WAIVER:	TOTAL RESOURCES:
TRANSPORTATION:	SEOG/SSIG/OTHER:	
PERSONAL/MISC.:	EXPECTED FAMILY CONTR.	REMAINING NEED:
TOTAL EXPENSES: \$	TOTAL RESOURCES: \$	
<p>___ I certify that the student has applied and been considered for both Federal and Campus-based Aid.          ___ As of this date, the student has not applied for Federal financial aid. Therefore, an estimate of expenses only is provided.          ___ As of this date the student's file is incomplete. Therefore, we are providing an estimate of remaining need for the terms indicated.          ___ As of this date the student is on suspension and/or denied financial aid for the following reasons: <i>(please provide attachment)</i></p>		
Signature of Financial Aid Officer _____		Date _____
Email: _____		Phone: _____ (ext) _____